

## **Complaint and Appeals Form**

1. Student Det	tails:							
Title:		Student Number:						
First Name:		Last Name:						
Mobile:								
Email:								
Course:								
Teacher								
Trainer/Assessor:	e nature of the anneal/complaint an	d the reason for you	ir submission:					
2. Describe the nature of the appeal/complaint and the reason for your submission:								
3. What outco	mes are you seeking or expect?							
4. Can we imp	rove our system to avoid these situa	tions in the future?						
			SALISBURY COLLEGE AUSTRALIA					
			ISCA					
			100 3%					
By signing this form	, I certify that the information provide	ed is true and correct	+					
Signature:		Date:						
		Date.	ACTINITA DAT INCREMENTUM					
V 2 . 0			Page   1/2					
L4 & L5, 14 Railwa	ay Parade, Burwood, NSW - 2134  🕻 :	1300 121 888  🖶 : 1	L300 151 888 🛛 🖂 : info@sc.edu.au					

Institute of Global Education and Training Pty Ltd

RTO ID : 45062 | CRICOS Code : 03565E



Office Use Only								
Detail Action Taken:								
Improvement Request Raised:		Yes		No				
IR Raised by:			Date of IR Raised:					
Signature:			Date:					
IR Received by the Administration Manager:				cated IR nber:				
Signature of PEO:			Date:					

Fina	Final Checklist					
	All parties signed		Copy placed on Wisenet Client logbook			
	Followed up with the issue		Etc. (please specify)			



## V2.0

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